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SIGN PERMIT

JOB ADDRESS _____

OWNER _____ ADDRESS _____

BUSINESS NAME _____

COMMERCIAL? ☒ RESIDENTIAL? _____

CONTRACTOR _____ LIC. NUMBER _____ PHONE _____

FILL OUT SIGN DESCRIPTION BELOW:

1. Is this a new business?: Yes _____ No _____
2. Is this a new _____ or replacement _____ sign?
3. Provide a site plan showing the location of the sign with dimensions from all property lines to the sign. Also, draw elevation (side view) of the sign showing dimensions of graphics, letters, etc. and show all other signs related to this business.
4. Enter setbacks from sign to property lines (in feet) and circle "F" to specify which direction is the front of the property: _____ North: _____ South: _____ East: _____ West: _____
5. Is there more than one street adjacent to this lot? Yes _____ No ☒ If yes, clearly indicate all streets on the site plan.
6. Material: _____ Width: _____ Height: _____
Total square feet: _____
7. Type: Ground Mounted?: Yes _____ No _____ Sign Illuminated: (check one)
Inside?: _____ Outside?: _____
8. Is this an electrically illuminated sign or is any electrical work involved: Yes _____ No _____
9. If yes, who is the electrical contractor? _____
10. Give contract amount or actual cost of sign project: _____

THE ISSUANCE OF A PERMIT OR INSPECTIONS SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, NOR AN APPROVAL OF, ANY VIOLATION OF THE UNIFORM BUILDING OR OTHER CODE OR ORDINANCE ADOPTED BY THE TOWN OF EDGEWOOD. I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE NOT TO START THIS PROJECT UNTIL THIS APPLICATION IS APPROVED AND VALIDATED, AND SHALL COMPLY WITH THE LAWS OF THE STATE OF NEW MEXICO AND TO THE ZONING REGULATIONS AND UNIFORM BUILDING CODE AS ADOPTED BY THE TOWN OF EDGEWOOD, ANY VIOLATION OF THE ABOVE NOTED TERMS WILL CASE IMMEDIATE REVOCATION OF THIS PERMIT.

ALL SIGNS SHALL BE EXTINGUISHED AT 11:00 PM

CODE ENFORCEMENT APPROVAL DATE

Please call the Planning & Zoning Office for sign regulations or download from www.edgewood-nm.gov